

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

File Identification Number	211648591	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Denise Buell							
Street Address	19039 Hillcrest Drive							
City	Corry	State	PA	Zip Code	16407			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/7/17		Year	2017		Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/2/17	10/23/17	
A. Amount Brought Forward From Last Report	\$		<p>11022017</p> <p>auditor T H. Lee</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
C. Total Funds Available (Sum of Lines A and B)	\$		
D. Total Expenditures (From Schedule III)	\$	1806.97	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31 day of OCTOBER 20 17

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Janet E. Gurdak, Notary Public

My Commission Expires July 5, 2018 YR.

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Denise M Buell

Signature of Person Submitting report

Denise M Buell

Printed Name

814

Area Code

881-0437

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

____ day of _____ 20____

Signature

Signature of Candidate

Printed Name

My Commission expires _____

MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	211648591
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1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		211648591									
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											Amount	
Full Name of Contributing Committee		N/A								Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City				State			Zip Code			Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

File Identification Number	211648591
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Full Name of Contributor				Date (MM/DD/YYYY)	\$	
N/A						
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code		Date (MM/DD/YYYY)	\$	
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code		Date (MM/DD/YYYY)	\$	
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code		Date (MM/DD/YYYY)	\$	
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code		Date (MM/DD/YYYY)	\$	
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code		Date (MM/DD/YYYY)	\$	
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code		Date (MM/DD/YYYY)	\$	
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code		Date (MM/DD/YYYY)	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number 211648591
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Full Name of Contributing Committee	N/A				Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number: 211648591

Full Name of Contributor				Date [MM/DD/YYYY]		\$
N/A						
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File Identification Number	211648591
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Full Name	N/A									
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	S		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	S		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	S		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	S		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	S		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	S		
Receipt Description										

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Election Identification Number	211648591
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	211648591
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Full Name of Contributor				Date (MM/DD/YYYY)		\$	
N/A							
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		\$	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		\$	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		\$	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		\$	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		\$	
Description of Contribution							

Part G

VALUE OVER \$250

Full Name of Contributor				Date [MM/DD/YYYY]		\$
N/A						
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			

SCHEDULE III
Statement of Expenditures

File Identification Number:	211648591
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To Whom Paid		Discount Favors.Com		Date [MM/DD/YYYY]		\$	142.70
				6/6/17			
House #	7801	Street Address		NW 67th Street		Description of Expenditure	
City	Miami	State	FL	Zip Code	33166	5" Frisbees for campaign booth - corry fest	
To Whom Paid		Ink-Spot.Com		Date [MM/DD/YYYY]		\$	216.10
				6/6/17			
House #	1	Street Address		W Deer Valley Rd		Description of Expenditure	
City	Phoenix	State	AZ	Zip Code	85027	Imprinted Pens for Campaign Booths	
To Whom Paid		Party City		Date [MM/DD/YYYY]		\$	64.06
				6/14/17			
House #	1908	Street Address		Keystone Drive		Description of Expenditure	
City	Erie	State	PA	Zip Code	16509	Air Tank, Balloons, Tattoos for Corry Fest Booth	
To Whom Paid		Sam's Club		Date [MM/DD/YYYY]		\$	67.38
				6/14/17			
House #	7200	Street Address		Peach Street		Description of Expenditure	
City	Erie	State	PA	Zip Code	16509	Candy for Corry Fest Parade	
To Whom Paid		Walmart		Date [MM/DD/YYYY]		\$	14.64
				6/15/17			
House #	961	Street Address		E Columbus Avenue		Description of Expenditure	
City	Corry	State	PA	Zip Code	16407	Candy for Corry Fest Parade	
To Whom Paid		Discount Mugs		Date [MM/DD/YYYY]		\$	226.00
				6/26/17			
House #	12610	Street Address		NW 115th Avenue		Description of Expenditure	
City	Miami	State	FL	Zip Code	33178	Imprinted Frisbees for French Creek Festival Booth	
To Whom Paid		Oriental Trading		Date [MM/DD/YYYY]		\$	78.95
				6/27/17			
House #	4206	Street Address		S 108th Street		Description of Expenditure	
City	Omaha	State	NE	Zip Code	68137	Balloons and sticks for French Creek Festival Booth	
To Whom Paid		Vista Print		Date [MM/DD/YYYY]		\$	278.77
				8/29/17			
House #		Street Address		Hudsonweg 8		Description of Expenditure	
City	Venlo - Netherlands	State		Zip Code	2938LW	Campain Brochures qty 1000	

SCHEDULE III
Statement of Expenditures

Election Identification Number		211648591			
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To Whom Paid		Walmart			Date (MM/DD/YYYY)	9/6/17	\$	8.29
House #	961	Street Address	E Columbus Avenue			Description of Expenditure		
City	Corry	State	PA	Zip Code	16407	Decorations for float		

To Whom Paid		Walmart			Date (MM/DD/YYYY)	9/9/17	\$	32.20
House #	961	Street Address	E Columbus Avenue			Description of Expenditure		
City	Corry	State	PA	Zip Code	16407	decorations & Candy for float		

To Whom Paid		Sam's Club			Date (MM/DD/YYYY)	9/13/17	\$	71.86
House #	7200	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Candy For Float		

To Whom Paid		Oriental Trading			Date (MM/DD/YYYY)	9/12/17	\$	73.93
House #	4206	Street Address	S 108th Street			Description of Expenditure		
City	Omaha	State	NE	Zip Code	68137	decoratoins for float Corry Float		

To Whom Paid		Target			Date (MM/DD/YYYY)	9/13/17	\$	7.37
House #	6700	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Stuff to make posters for Float		

To Whom Paid		Walmart			Date (MM/DD/YYYY)	9/14/17	\$	8.48
House #	961	Street Address	E Columbus Avenue			Description of Expenditure		
City	Corry	State	PA	Zip Code	16407	Corry Parade Float decorations		

To Whom Paid		Oriental Trading			Date (MM/DD/YYYY)	9/21/17	\$	45.93
House #	4206	Street Address	S 108th Street			Description of Expenditure		
City	Omaha	State	NE	Zip Code	68137	decorations for UC Float		

To Whom Paid		Facebook Ads			Date (MM/DD/YYYY)	10/2/17	\$	50.00
House #	1	Street Address	Hecker Way			Description of Expenditure		
City	Menlo Park	State	CA	Zip Code	94025	Cost to boost facebook ad		

SCHEDULE III
Statement of Expenditures

File Identification Number:	211648591
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To Whom Paid	Sam's Club				Date (MM/DD/YYYY)	10/3/17	\$	83.84
House #	7200	Street Address	Peach Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16509	Candy for Float		
To Whom Paid	Erie Co Courthouse				Date (MM/DD/YYYY)	10/3/17	\$	35.00
House #	140	Street Address	West 6th Street		Description of Expenditure			
City	Erie	State	PA	Zip Code	16501	Cost for Super List		
To Whom Paid	Imprint.Com				Date (MM/DD/YYYY)	10/16/17	\$	193.80
House #	14550	Street Address	Beechnut Street		Description of Expenditure			
City	Houston	State	TX	Zip Code	77083	Customized Wristbands for Campaign		
To Whom Paid	True Value				Date (MM/DD/YYYY)	10/17/17	\$	47.67
House #	630	Street Address	E Columbus Avenue		Description of Expenditure			
City	Corry	State	PA	Zip Code	16407	solar lights for signs		
To Whom Paid	Committee to Elect DBuell District Judge				Date (MM/DD/YYYY)	9/26/17	\$	60 ⁰⁰
House #	436	Street Address	Duane St.		Description of Expenditure			
City	Corry	State	PA	Zip Code	16407	Loan to committee		
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	211648591
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Name of Creditor					N/A		Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City					State	Zip Code		
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City					State	Zip Code		
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City					State	Zip Code		
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City					State	Zip Code		
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City					State	Zip Code		
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City					State	Zip Code		
Description of Debt								